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FEC FORM 1			ANIZ			FEC		CENTER	
1. NAME OF COMMITTEE (in	n full)	(Check	if name nged)		ole:If typing, type ne lines.		4M5 (		
Ann Wag	ner fo	r Cong	ress	Expl	oratory C	omn	nitte	<b>)</b>	
11111	1111				11111				
ADDRESS (number and street)									
(Check if address is changed)		Ballwin				мо 63022 0050			
				CITY		STATE		ZIP C	ODE
COMMITTEE'S E-MA	AIL ADDRES		-		•				
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COMMITTEE'S WEB	PAGE ADD			- ain -					
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2. DATE 02	4] 26	201	11						
3. FEC IDENTIFIC	CATION NU	MBER	C			•			
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)				
I certify that I have	examined this	s Statement and	d to the bes	t of my kn	owledge and belief	it is true, d	correct and	i complete.	
Type or Print Name	of Treasurer	Richa	ard J.	Mag	ee				
Signature of Treasur	er 4	m091	ngu			Date	04	2.6	2.0.1.1
NOTE: Submission of					ct the person signing			penalties of	2 U.S.C. §437g.
Office Use				F	or further information ederal Election Commiss oll Free 800-424-9530			FEC FC	